I. INTRODUCTION

"From the child of five to myself is but a step. But from the new-born baby to the child of five is an appalling distance" — Tolstoy

A major contemporary concern that has strong motivational power for governments and social organisations the world over, is the well being of future generations. This has manifested in an awakening of interest in the very young child both in the developed, as well as in the developing countries. Greater need is now felt for providing preschool education to disadvantaged and handicapped children. Though the society has always been sentimentally interested in improving the environment and the lot of disadvantaged and handicapped children, yet the practical support for planned intervention programmes is rather a recent phenomenon.

Normal tendency is to attribute various developmental deficits and behaviour problems to heredity, which are in fact a consequence of poor and
unfavourable environment, before or shortly after a child is born. If early stimulation and care is provided to such children, many of their developmental anomalies can be reduced and they can grow satisfactorily.

**Importance of Early Childhood years.**

It is during the first five to six years of life when those patterns of learning and behaviour are established which influence the nature of all subsequent learning. "Logically then, this seems to be an ideal time to facilitate development and capitalize upon a child's readiness for learning" (Peterson, 1987). All the more significant are these early years for the children who deviate from the norm physically, mentally, behaviourally, emotionally, developmentally or in terms of learning characteristics (Lerner et al., 1987).

Experts in the field of early childhood have designated the early years as a period of crucial developmental milestone. In his well received book, 'Intelligence and Experience' Hunt (1961) has
remarked that whatever takes place in the lives of young children should be taken into account by the society and nothing should be left to chance during this crucial period. Further he has stated that such procedures should be developed that optimize a child’s interactions with his environment, and enhance the rate of intellectual development.

Bloom (1964) has drawn the following conclusions on the importance of early environment and experience in a child’s life in his classic book ‘Stability and Change in Human Characteristics’: (a) Variety in early environment is necessary as human characteristics are greatly influenced by it during this most formative period; (b) as human development follows a sequence, so environment and experience are of a great significance; and (c) new things are more easily learnt rather than replacing inappropriate and old behaviours with new ones. The fact that young children respond to initial learning experiences with a great zeal and enthusiasm provides a logic for early intervention programmes - particularly for children who exhibit signs of abnormal or subnormal development.
A comprehensive dictionary of psychological and psychoanalytical terms by English and English (1958) has defined intervention as “an action by a therapist that tends to direct or influence the client’s behaviour during therapy session or in general”.

Early intervention (EI) programmes are usually designed to serve young children in the age range of birth to six years, who have or are at-risk for special needs. Handicap conditions and other factors that designate a child at-risk can interfere with the development and learning to an extent that initial disabilities become more severe and secondary handicaps start appearing. Disabilities block the avenues for a child to interact with the environment and thus cause hindrance in normal learning. If a child, particularly a handicapped or at-risk child is to benefit from the experiences required for acquiring developmental skills, some special help in the form of early intervention is needed.

For children with an established or diagnosable handicap, the impairment is a concrete reality whose likely outcomes and implications are well
established. In contrast, a child who is rendered at-risk for developmental disabilities, doesn’t usually show any handicap initially. Since no developmental irregularity is sufficiently manifest to be labelled as abnormal during preschool years, parents and professionals conveniently assume the ‘wait and see’ attitude.

Unfortunately by the time problems become severe enough to be labelled and to warrant educational intervention, the child will already have felt the impact. We can not afford to risk a child’s developmental well-being while we wait to see if a serious problem materializes. Hence we should intervene to prevent these occurrences as much as possible.

Positive long term effects of early intervention programmes on normal, at-risk, handicapped and learning disabled children have been reported by many researchers (Bruck, 1987; LeLaurin, 1985; Shelagh and others, 1988). All seem to agree on the efficacy of early intervention programmes and maintain that learning disabilities are not a life
long handicapping condition if timely intervention is provided during childhood.

**Preschool Education - The Indian Scenario.**

The educational scene in India is marked by two distinct periods - pre-independence (before 1947) and post-independence. In the pre-independence period, the educational system was largely designed to serve the interests of the erstwhile rulers who did not make any worthwhile attempt to spread literacy, let alone, to focus on preschool education. There were a few Kindergarten and Montessori schools mostly located in urban areas which catered to the children of the rich and the privileged. Some voluntary bodies took the initiative to promote preschool education, but due to lack of government support and funds, their efforts did not succeed. In this regard mention may be made of educators such as Tarabai Modak and Gijubhai who were instrumental in setting up the *Nutan Bal Shikshan Sangh* in 1925. Various committees and commissions like the Abbot and Wood Committee (1936-37), the second Wardha Commission report (1939), Gandhi’s pre-basic education plan, did highlight the need for improving the preschool education, but their recommendations remained unimplemented.
In the independent India education has been given due recognition and the Constitution of the country lays down that the State shall provide for free and compulsory education for the children upto the age of 14 years. The need and the importance of early childhood education has also been recognised. However, no concrete or systematic effort was made in this regard till recently and the disadvantaged and disabled children did not benefit, as expected from the expansion of educational facilities. They were served sparingly and that too in isolated, institutionalized settings. Moreover, this expansion was slow in reaching the under privileged children living in rural areas or urban slums, where preschool education is provided in 'Anganwadis' and 'Balwadis' run by different government agencies and Child Welfare Council respectively.

**Prevailing Preschool Education Practices in India — Nursery Schools.**

In case of preschool education, it has been only in the past two to three decades that nursery schools again largely in urban areas, have assumed an important place. This has been partially due to
dramatic shift in the societal views regarding the learning experiences for children. Instead of keeping their preschool child at home, most parents seek more socializing and educational experiences for their younger children. Moreover, the joint family system has somewhat broken in urban areas and the working mothers want their little children to be looked after while they are at work.

The nursery schools, are expensive and are not within the affordable reach of common man, hence they cater only to the upper strata of the society. Moreover, these schools are considered preparatory institutions that provide an easy access to regular schools in the private sector. So the curriculum content in nursery schools is not based on the psychological needs of the child but is generally framed keeping in view the child’s entry to the next schools, which overburdens the child.

**Integrated Child Development Service (ICDS).**

In the year 1975, the government of India launched Integrated Child Development Service,
probably "the most massive programme in the world bringing together nutrition, health and psycho-social components of development" (Myers, 1990). What started as an experimental programme in 33 'block' or administrative areas, gradually became a priority programme of the government. Its beneficiaries are children in the age group 0-6 years, pregnant and nursing mothers, and all women in the age group 15-45. All the children receive health services in the form of physical check-ups, immunizations, referrals, and supplementary nutrition. In addition to all these, children from 3-5 years also receive non-formal preschool education. An Anganwadi (literally meaning, a courtyard) is the focal point for providing all the stated services which is run by the grass-root level worker known as an Anganwadi Worker (AWW). It is a very well conceived programme showing a high degree of integration at the conceptual level and in policy and planning.

The services provided by the ICDS centres are optional and their success depends entirely on the motivational capabilities of AWWs and helpers. The education provided in ICDS being non-formal in nature, has no fixed curricular content and the
children are not exposed to educational development. A restructured programme could benefit the socially and economically backward groups.

**Integrated Education for Disabled Children (IEDC).**

To ensure equal educational opportunity for the handicapped, the National Policy on Education (1986) has stated that the objective should be "To integrate the physically and mentally handicapped with general community as equal partners, to prepare them for normal growth and to enable them to face life with courage and confidence". It has further stressed, "wherever it is feasible, the education of children with mild handicaps will be common with that of others". In pursuance of these goals, a Centrally sponsored scheme has been launched by National Council of Educational Research and Training (NCERT) in 1986. This scheme attempts to provide educational opportunities for disabled children in regular schools.

Prior to a child's entering into the regular school system, this scheme purports to provide preschool training to disabled children and
counselling for the parents. Under this scheme, the disabled children can get education up to senior secondary school level and vocational courses up to senior secondary stage. The teacher-pupil ratio under this scheme is 1:8 which would be same for preparatory preschool classes and normal higher classes. The other requirements envisaged under this scheme are: (a) training of special teachers, (b) training of administrative staff, (c) setting up a resource room, (d) removal of architectural barriers, (e) development of instructional materials, and (f) continuous evaluation and monitoring by a panel of experts.

To encourage maximum enrolment of disabled children, the government has extended many facilities in the form of books and stationery, uniforms, transport, equipment allowance, escort allowance for children having orthopaedic handicaps, reader allowance for blind, one attendant for 10 children, lodging and boarding charges to poor children etc.

**Project Integrated Education for the Disabled (PIED).**

The PIED (1987) has been formulated to
strengthen the implementation of IEDC to realize the goal of education for all on one hand, and government of India’s UNICEF plan of operations on the other hand. Started initially in the states of Madhya Pradesh, Maharashtra, Nagaland, Orissa, Rajasthan and Tamil Nadu in the 1987 end, it was extended to Haryana and Mizoram, by the end of year 1988. In 1990, two urban areas from the municipal corporation Delhi and Baroda were included in this project. The project aims at increasing enrolment, improving retention and achievement of the disabled children.

PIED is a welcome step in a country like India as it implies fuller utilisation of the meagre resources available for education in the country. Moreover, in special institutions the teachers remain preoccupied with the severely handicapped and the mild to moderately handicapped are generally ignored. With the result, their unique needs are not taken into account. It is also desirable from the point of view of normalizing societal attitudes towards the handicapped.

This scheme being a recent move hasn’t been
extended to all its target groups as yet. Moreover, it hasn’t been implemented well at the preschool level wherein integration is easier and more result oriented. In the Eighth Five Year Plan however, the emphasis of this programme would be on improving the services rendered to young children, and diversifying the project to more areas in the country.

The Emerging Trends in Early Intervention Services.

The most satisfying trend today is to inculcate a positive attitude towards the disabled children. Stressed is their right to live, and develop to their fullest extent. The ‘We Can’ programmes initiated by The District Rehabilitation Centres of Ministry of Welfare, government of India are stressing that the handicapped children can also do a lot. Another trend is towards ‘deinstitutionalization’ and bringing the handicapped in the mainstream of education and society at large. Importance is now given to parental and community participation for dissemination of EI programmes. Stressed is the need for ‘learning curriculums’ rather than ‘teaching
curriculums' in general as well as for the handicapped. Involvement of **paraprofessionals and non-professionals** for service delivery is also a very satisfying trend. Another emerging trend is designing services for the child and his family which are home/centre based for example the Portage training (Kohli, 1989).

In a country like India, integration is a worthwhile move, and a very satisfying trend for various types of mild childhood disabilities. This practice seems worth trying because of its worthy goals namely, stigma reduction/removal, and enhancement of academic, behavioural and social competence (Blacher-Dixon et al., 1981; Galloway & Chandler, 1978).

**Integration in Education.**

During a relatively short period of almost three decades, the educational practice of integrating handicapped and non-handicapped toddlers and preschoolers and the issues related to preschool integration have received considerable attention from
researchers (Guralnick, 1982; Odom & Mc.Evoy, 1988; Peck & Cooke, 1983) all over the world. Viewed from the philosophical level, integration can be linked closely with anti-segregation movement, and the principle of normalization (Wolfensberger, 1972). From the legal point of view, integration ensures equal right of educational opportunities and equal protection under the law to all children. Viewed from the socio-cultural perspective, integration can be linked with increased contribution of the handicapped individuals to their respective societies (Meisels, 1977). Educationally, the need for integration has been realized by minimal outcomes resulting from segregated education for the mildly retarded in particular, and the increasing disenchantment with the process of 'labelling' children with special needs (Dunn, 1968; Jaffre, 1966; Jones, 1972). The trend today is to de-label such children by reducing their developmental deficits at an early age. It has been realized by prominent educationists and psychologists that, "the very concept of labelling a child and placing him in a setting apart from his peers tends to set up psychological and sociological barriers which make it difficult for him to adjust to
or cope up with regular society at a later date" (Hallahan & Kauffman, 1988).

Academic, behavioural and social benefits have resulted from interactions between handicapped and non-handicapped preschool children, (Bahr, 1982; Falvey, 1981), but its only the area of social interaction that has invited serious attention from researchers. It is generally felt that social interaction stimulates the academic and behavioural benefits of integration. If more benefits are expected than those achieved in the segregated setting, then some level of social interaction is required.

Over the years, a considerable body of research has accumulated demonstrating that integration at the preschool level of young children is easier than with those in the upper grades, as young children are less perturbed by individual differences (Guralnick, 1976). Further, he goes on, that early childhood programmes are more apt to have mixed groups of children (ages, sizes, and developmental levels), as well as providing more individualized programming.
than the regular school system. It is also believed that integration becomes easy when centered around play as a learning tool.

**Need for Integrated Curriculum.**

There is a consensus amongst most educators, specialists in health services and social workers on the issue that to optimize the potential of disadvantaged children, an integrated programme is required that responds to both their biological and psychological needs. Research provides evidence that an early lack of environmental stimulation can retard cognitive development much more than malnutrition and ill health. India being a poor country, there is a dire necessity of developing cost-effective, integrated, and outcome based educational programmes which could be pressed into service with minimum changes in the existing infrastructure. An integrated approach in instructing children with varying abilities is the solution, and this demands indepth research ventures on the part of the researchers and educators. The educational programmes for the handicapped and disadvantaged have to be carefully
conceived and implemented, with due importance to be
given to training of the caregivers on an on-going
basis. This necessitates development and evaluation
of economical approaches in diverse socio-economic
situations, but there is an absence of any such
research work in India. This prompted the
investigator to implement an early intervention
programme with the help of Portage Classroom
Curriculum, and see its impact on the enhancement of
development of preschool children belonging to
different levels of intelligence such as, 'Mental
Defective', 'Borderline', 'Dull Normal', 'Average',
'Bright Normal', 'Superior', and 'Very Superior'.

In India, very little research has been done on
the impact of intervention in early childhood
education. The few studies carried out till date have
indicated positive effects of preschool education in
limited range of dimensions, namely language
development, cognitive development, and social
maturity (Anandalaxmy, 1982; Azad, 1986; Bevli,
1974a; Bevli, 1974b; Dutta, 1986; Lal & Wati, 1986;
Murlidharan, 1968; Murlidharan & Banerji, 1974;
Murlidharan & Kaur, 1986; Narula, 1982; Sahni &
Researches conducted in the field of early childhood education are "small scale, scattered and fragmentary, each taking a rather fractionalized view of the child or a process" (Verma & Mohite, 1991). To the best of the investigator's knowledge, no such study has been done in this field that encompasses all the domains of development. The absence of any such research also motivated the investigator to assess the impact of intervention on all round development of preschool children.

Special education being a relatively new field, the research in this field is at an 'embryonic stage' (Jangira & Mukhopadhyay, 1991). Very little work in this field has been done on developing tools for identification and assessment, intervention strategies, development of instructional materials, effectiveness of technologies in improving access of disabled persons to curriculum and training personnel (Jangira & Mukhopadhyay, 1991).

**Statement of the Problem.**

Taking into consideration the significance of
early years on subsequent development, the meagre resources available for education in our country, and the dearth of services for disadvantaged and mentally retarded children, the investigator endeavored to initiate a humble effort of examining the effectiveness of providing intervention to preschool children in integrated settings and regular classrooms. The problem under investigation can thus be stated in the following words:

"The Effectiveness of Integrated Intervention for Enhancement of Development of Preschoolers in the Union Territory of Chandigarh".

Objectives.

The present investigation took its shape keeping in view the following objectives: (1) to adapt the Portage Classroom Curriculum in the Indian context and try it out in the integrated and regular classroom settings for enhancement of all round development of preschool children belonging to high socio-economic status (SES$_H$) and low socio-economic status (SES$_L$) families; (2) to assess the impact of
integrated intervention on preschoolers belonging to different levels of intelligence namely, 'Mental Defective', 'Borderline', 'Dull Normal', 'Average', 'Bright Normal', 'Superior', and 'Very Superior'; (3) to prepare the children for regular schooling; (4) to assess the effectiveness of Multi-Level Teaching as an instructional technique in integrated settings of regular classrooms, at preschool stage; (5) to involve parents in the intervention programme; (6) to develop Instructional modules for teachers and Anganwadi workers; and (7) to see the interest and involvement of teachers imparting instruction through Multi-Level Teaching.

Delimitations.

The present investigation was delimited to: (1) children in the age group of 3 3/4 to 5 years; (2) three sections of one Nursery School and five ICDS centres in the Union Territory of Chandigarh; (3) children having mild mental retardation or developmental delays, in the integrated setting; and (4) children belonging to low and high socio-economic status families only.